

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

Dec 5 11 50 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC</b>		2. FEC IDENTIFICATION NUMBER <b>C00110197</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>2101 L Street, NW</b>		
CITY, STATE and ZIP CODE <b>Washington, DC 20037</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 140)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>07/01/96</u> through <u>09/30/96</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 15577.38
(b)	Cash on Hand at Beginning of Reporting Period	\$ 3261.15	
(c)	Total Receipts (from line 18)	\$ 16508.95	\$ 29695.16
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19770.10	\$ 45272.54
7.	Total Disbursements (from Line 30)	\$ 15000.00	\$ 40502.44
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4770.10	\$ 4770.10
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, N.W. Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			

Type or Print Name of Treasurer  
**Douglas M. Chapin, Jr. - Assistant Treasurer**

Signature of Treasurer  
*Douglas M. Chapin, Jr.*

Date  
**12-4-96**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1991)

NAME OF COMMITTEE <u>Dickstein Shapiro Morin &amp; Oshinsky, LLP PAC</u>	REPORT COVERING PERIOD	
	FROM: <u>7/01/96</u>	TO: <u>9/30/96</u>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees:		
i. Itemized (use Schedule A)	16452.50	29591.90
ii. Unitemized		
iii. Total (Add i and ii)	16452.50	29591.90
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (Add a ii, b and c)	16452.50	29591.90
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	56.45	103.26
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (Add 11d, 12, 13, 14, 15, 16, 17, and 18)	16508.95	29695.16
20. Total Federal Receipts (subtract line 18 from line 19)	16508.95	29695.16
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H):		
i. Federal Share		
ii. Non-Federal Share		(25.00)
b. Other Federal Operating Expenditures		(25.00)
c. Total Operating Expenditures (Add a i, a ii, and b)		(25.00)
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	14500.00	39850.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	500.00	500.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c)	500.00	500.00
29. Other Disbursements		177.44
30. Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	15000.00	40502.44
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	15000.00	40502.44
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from line 11d	16452.50	29591.90
33. Total Contribution Refunds (from line 28d)	500.00	500.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	15952.50	29091.90
35. Total Federal Operating Expenditures (Add 21 a i and 21 b)		(25.00)
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)		(25.00)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 4  
FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken L. Adams 2808 34th Street, NW Washington, DC 20008	Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	7/19/96	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$ 371.90		
Lee A. Alexander 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	687.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$		
Henry C. Cashen, II 5160 Palisade Lane, NW Washington, DC 20016	DSMOLLP	7/19/96	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$		
Howard N. Feldman 820 Stratford Manor Terrace Silver Spring, MD 20910	DSMOLLP	7/19/96	337.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$		
Lawrence Garr 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	425.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$		
G. Michael Green 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	337.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$		
Jon D. Grossman 2101 L Street, NW Washington, DC 20037	DSMOLLP	7/19/96	162.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-To-Date: \$		

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2550.00

**TOTAL** This Period (last page this line number only) . . . . .

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 4  
FOR LINE NUMBER 11ai

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code Gary M. Hoffman 5017 King David Blvd. Annandale, VA 22003	Name of Employer Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		750.00
B. Full Name, Mailing Address and ZIP Code Jeffrey M. Johnson 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		775.00
C. Full Name, Mailing Address and ZIP Code John T. Kotelly 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		950.00
D. Full Name, Mailing Address and ZIP Code Arthur J. Lafave, III 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		525.00
E. Full Name, Mailing Address and ZIP Code Neil Lefkowitz 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		175.00
F. Full Name, Mailing Address and ZIP Code Patrick W. Lynch 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		75.00
G. Full Name, Mailing Address and ZIP Code Peter W. Morgan 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		775.00

**SUBTOTAL** of Receipts This Page (optional) . . . . . 4025.00

**TOTAL** This Period (last page this line number only) . . . . .

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 4  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code Michael E. Nannes 2101 L Street, NW Washington, DC 20037	Name of Employer Dickstein, Shapiro Morin & Oshinsky LLP "DSMOLLP"	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period 775.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-To-Date > \$		
B. Full Name, Mailing Address and ZIP Code Charles W. Saber 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 7/19/96	Amount of Each Receipt this Period 512.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Ken L. Adams 2808 34th Street, NW Washington, DC 20008	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code George T. Boggs 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period 1040.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Henry C. Cashen, II 5160 Palisade Lane, NW Washington, DC 20016	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period 887.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Gary M. Hoffman 5017 King David Blvd. Annandale, VA 22003	Name of Employer DSMOLLP Occupation Attorney Aggregate Year-To-Date > \$	Date (month, day, year) 8/21/96	Amount of Each Receipt this Period 1337.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-To-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL** of Receipts This Page (optional)

5052.50

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Vento P.O. Box 65254 ST. Paul, MN 55165	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/8/96	500.00
B. Full Name, Mailing Address and ZIP Code Citizens Committee for Ernest F. Hollings P.O. Box 65271 Washington, DC 20035	Purpose of Disbursement Primary 1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/96	1000.00
C. Full Name, Mailing Address and ZIP Code Chabot for Congress 105 West Fourth Street Room 1133 Cincinnati, OH 45202	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/18/96	500.00
D. Full Name, Mailing Address and ZIP Code Sheila Frahm for U.S. Senate 128 North Columbus Street Alexandria, VA 22314	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/96	1000.00
E. Full Name, Mailing Address and ZIP Code Friends of Mike Parker 1300 North 17th Street Suite 1847 Rosslyn, VA 22209	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/24/96	1000.00
F. Full Name, Mailing Address and ZIP Code Zimmer for Senate P.O. Box 6888 Laurenceville, NJ 08648	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/96	1000.00
G. Full Name, Mailing Address and ZIP Code Nevadans for "Spike" Wilson 6100 Elton Avenue, Ste. 1000 Las Vegas, NV 89107	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/96	1000.00
H. Full Name, Mailing Address and ZIP Code New Republican Majority Fund 228 S. Washington Street Suite 200 Alexandria, VA 22314	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/96	1000.00
I. Full Name, Mailing Address and ZIP Code Bill Sutton for Congress P.O. Box 10505 Jacksonville, FL 32206	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/3/96	1000.00

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 8000.00

**TOTAL** This Period (last page this line number only) . . . . .

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
 Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Baker for Congress P.O. Box 1694 Baton Rouge, LA 70821	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/10/96	500.00
B. Full Name, Mailing Address and ZIP Code Neumann for Congress Committee 4010 Franconia Road Alexandria, VA 22310-2136	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/96	500.00
C. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	1000.00
D. Full Name, Mailing Address and ZIP Code Bob Wise for Congress P.O. 5536 Charleston, WV 25361	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/96	500.00
E. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond c/o Steve Gordon 507 Capitol Court, NE #100 Washington, DC 20002	Primary 1998 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	1000.00
F. Full Name, Mailing Address and ZIP Code Nethercutt for Congress P.O. Box 1925 Spokane, WA 99210	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	500.00
G. Full Name, Mailing Address and ZIP Code Hyde for Congress Committee 603 North Yoke Road Amherst, IL 60126	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/96	1000.00
H. Full Name, Mailing Address and ZIP Code Goode for Congress 112 North Main Street Rocky Mount, VA 24151	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/96	1000.00
I. Full Name, Mailing Address and ZIP Code Friends of David Weldon P.O. Box 968 Melbourne, FL 32902-0968	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/96	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional)	6500.00
<b>TOTAL</b> This Period (last page this line number only)	14500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 28a

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**NAME OF COMMITTEE (in Full)**

Dickstein Shapiro Morin & Oshinsky, LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee A. Alexander 2101 L Street, NW Washington, DC 20037	Refund of Overpayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/25/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) . . . . . 500.00

**TOTAL** This Period (last page this line number only) . . . . . 500.00

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

12-5-96

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JSB*  
PREPARER

12-5-96  
DATE PREPARED